



**Office of the Speaker
U.S. House of Representatives
H-419C, The Capitol
Washington, D.C. 20515**

**2005 APPLICATION FOR REPUBLICAN PAGE APPOINTMENT
PART 1**

Refer to instructions on Cover Page. Please type or print clearly.

Name: _____
(Last) (First) ("Preferred") (Middle)

Date of Birth: _____ **Age:** _____ **Social Security #:** _____

Mailing Address (if other than home): _____

Name of Parent or Legal Guardian: _____
(Last) (First) (Middle)

Home Phone: _____ **Work Phone:** _____

Address: _____

Your Member of Congress: _____

Member Appointing You: _____

Grade You Are Entering for 2005/2006 School Year: _____

Date of Availability: Summer Session 1 _____ Summer Session 2 _____

Maximum Period of Availability: _____

Are you related to a current Member of Congress? _____ Yes _____ No

If so, please list: _____

Date: _____ **Signature of Applicant:** _____



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**2005 APPLICATION FOR REPUBLICAN PAGE APPOINTMENT
PART 2**

DECLARATION OF PARENTAL CONSENT

We, _____ and _____,
are the parents (or legal guardians) of, and give our consent for, _____
to apply for an appointment to serve as a Republican Page in the U.S. House of Representatives,
beginning on _____, 20 ____.

We agree to provide, supervise and pay for his/her travel to and from the U.S. Capitol Building. We accept full responsibility for his/her supervision at his/her place of residence in the District of Columbia, and for his/her physical safety and well-being while the individual is employed as a Page in the U.S. House of Representatives.

Mother or Guardian's Signature

Father or Guardian's Signature

Street Address

City

State

Zip

Telephone Numbers

Home: _____

Office: _____